

---

Return this form to:

Bldg. 12A, Room 1011  
12 South Drive MSC 5606  
Bethesda, MD 20892-5605  
FAX:301-496-1212

***CIT NORTH SYSTEM  
New Account Code Request***

**New CIT Account Code:**

---

***Official name IC (Institute/Center)***

---

***Designated Account Coordinator***

Name Title Telephone No.

Address

---

***Designated Alternate Account Coordinator***

Name Title Telephone No.

Address

---

***RACF Preferred Coordinator***

Name Title Telephone No.

Address

---

***Designated Billing Coordinator Responsible for this Account***

Name Title Telephone No.

Do you wish to have this billed to an existing CIT Account?

If YES, please provide the CIT Account No.

If NO, please provide the CAN to be billed

---

***Authorization of Requesting IC***

Signature Date

---

***CIT Acceptance***

Signature Date

---